

filing

THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF S.F.

FILED  
MAR 23 AM 10:43  
CLERK OF SUPERIOR COURT  
SAN FRANCISCO DISTRICT COURT

PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

vs.

CASE NO. \_\_\_\_\_

MHP

APPLICATION TO PROCEED  
IN FORMA PAUPERIS; AND  
DECLARATION IN SUPPORT  
OF APPLICATION

(PR)

H. Marquette (Chavez)

Defendant.

IN FORMA PAUPERIS DECLARATION

1. I am the defendant in the entitled action in Case Number 06F7253  
and am incarcerated without resources to retain legal counsel to represent me in  
this action;
2. That I do believe I am entitled to bring this Writ  
in order to secure the appointment of counsel to defend my present and future  
rights in the above cause of action;
3. That because of my poverty I am indigent and unable to pay the costs of  
this action, to give security therefore, or to employ an attorney;
4. That I have assets of only \$ 0 and no income,  
except \$ 0;
5. That what minimum financial resources I do have I do require for my  
personal maintenance and/or that of my family;
6. That I do require the costs of this proceeding to be waived in order to  
prevent further violations of my rights to due process and equal protection of law.

VERIFICATION

I have read the above statements and swear under penalty of perjury that these statements are true as based upon information and belief. Executed this 23<sup>rd</sup> day of March 23, 2008 at Vacaville, California. Pursuant to the Code of Civil Procedure, §4465 and §2015.5.

DATE; 3/23-08

  
DECLARANT

STATE OF CALIFORNIA  
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

## TRUST ACCOUNT WITHDRAWAL ORDER

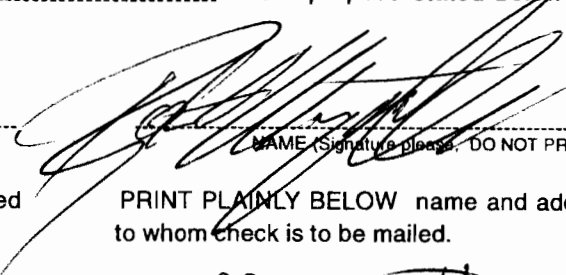
Date March 23 2008

To: Warden

Approved \_\_\_\_\_

I hereby request that my Trust Account be charged \$\_\_\_\_\_ for the purpose stated below and authorize the withdrawal of that sum from my account:

P-32844  
NUMBER

  
NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).

PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

PURPOSE U.S Court House  
LEGAL POSTAGE  
6X9 Manila Envelope

NAME Marquette  
ADDRESS B#9 #750 UP

Robert Marquette  
PRINT YOUR FULL NAME HERE



1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 Self employment  
 5 (TRANSPORT)

6  
 7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No ☒  
 10 self employment
- 11 b. Income from stocks, bonds, Yes \_\_\_ No ☒  
 12 or royalties?
- 13 c. Rent payments? Yes \_\_\_ No ☒
- 14 d. Pensions, annuities, or Yes \_\_\_ No ☒  
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes \_\_\_ No ☒  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 N/A

22  
 23 3. Are you married? Yes \_\_\_ No ☒

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income: \_\_\_\_\_

27 Gross \$ \_\_\_\_\_

Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

1 b. List the persons other than your spouse who are dependent upon you for  
 2 support and indicate how much you contribute toward their support. (NOTE:  
 3 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4 THEIR NAMES.)

5 N/A  
 6 N/A

7 5. Do you own or are you buying a home? Yes \_\_\_ No ☒

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6. Do you own an automobile? Yes \_\_\_ No ☒

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_ No ☒ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: N/A

15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_ No ☒

20 \_\_\_\_\_

21 8. What are your monthly expenses?

22 Rent: \$ IN Prison Utilities: \_\_\_\_\_

23 Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

27 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

28 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. ~~Do not~~ include account numbers.)  
3 \_\_\_\_\_  
4 \_\_\_\_\_

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes ☒ No ☐

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

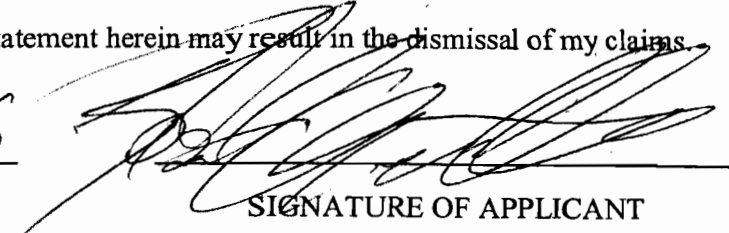
9 SNASTA COUNTY Superior  
10 \_\_\_\_\_

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15 4-12-08  
16 \_\_\_\_\_

17 DATE

18   
19 \_\_\_\_\_  
20 SIGNATURE OF APPLICANT  
21  
22  
23  
24  
25  
26  
27  
28

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIFORNIA STATE PRISON SOLANO  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU APR. 04, 2008

ACCOUNT NUMBER : P32844 BED/CELL NUMBER: S209T1000000150L  
ACCOUNT NAME : MARQUETTE, HAROLD ROBERT ACCOUNT TYPE: I  
PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
2/05/2007	H107	POSTAGE HOLD	1989-POST	0.41
2/05/2007	H107	POSTAGE HOLD	1989-POST	0.41
3/07/2008	H114	COPAY FEE, MED.	3251-02/10	5.00
3/12/2008	H109	LEGAL POSTAGE HOLD	3353-LEGAL	0.41
3/12/2008	H109	LEGAL POSTAGE HOLD	3353-LEGAL	0.80
3/21/2008	H109	LEGAL POSTAGE HOLD	3497-LEGAL	0.41
3/21/2008	H109	LEGAL POSTAGE HOLD	3497-LEGAL	0.41
3/21/2008	H109	LEGAL POSTAGE HOLD	3497-LEGAL	0.41
3/21/2008	H109	LEGAL POSTAGE HOLD	3497-LEGAL	0.41
3/21/2008	H109	LEGAL POSTAGE HOLD	3497-LEGAL	0.58
3/21/2008	H109	LEGAL POSTAGE HOLD	3497-LEGAL	0.41
3/21/2008	H109	LEGAL POSTAGE HOLD	3497-LEGAL	0.80
3/21/2008	H109	LEGAL POSTAGE HOLD	3497-LEGAL	0.41
3/24/2008	H118	LEGAL COPIES HOLD	3527-L/CPY	0.50
3/24/2008	H118	LEGAL COPIES HOLD	3527-L/CPY	3.50
3/25/2008	H109	LEGAL POSTAGE HOLD	3562-LEGAL	0.41
3/25/2008	H109	LEGAL POSTAGE HOLD	3562-LEGAL	0.41
4/02/2008	H109	LEGAL POSTAGE HOLD	3624-LEGAL	0.41
4/02/2008	H109	LEGAL POSTAGE HOLD	3624-LEGAL	1.31
4/02/2008	H109	LEGAL POSTAGE HOLD	3624-LEGAL	0.41
4/02/2008	H109	LEGAL POSTAGE HOLD	3624-LEGAL	0.41
4/04/2008	H109	LEGAL POSTAGE HOLD	3690-LEGAL	0.41

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	18.64	0.00

CURRENT AVAILABLE BALANCE

18.64-



UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

E-filing

Dear Sir or Madam:

Your petition has been filed as civil case number \_\_\_\_\_

A filing fee of \$5.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. (PR) the application is granted, you will not have to prepay the fee.

Your petition is deficient because you did not pay the filing fee and:

1. ☒ you did not file an In Forma Pauperis Application.
2. ☒ the In Forma Pauperis Application you submitted is insufficient because:

☒ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

☐ Your In Forma Pauperis Application was not completed in its entirety.

☐ You did not sign your In Forma Pauperis Application.

☒ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

☒ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

☐ Other \_\_\_\_\_

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

**Warning: YOU MUST RESPOND TO THIS NOTICE.** If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether prepayment of the filing fee should be waived.

Sincerely,  
RICHARD W. WIEKING, Clerk,

By \_\_\_\_\_  
Deputy Clerk

THOMAS MARQUELLE P-32544  
C.S.P. SOLANO B-3 #1051 P.O. 4000  
MADAVILLE, CA 95646-4060

California

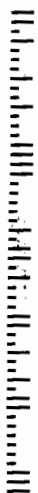
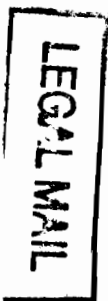


**BUSINESS REPLY MAIL**

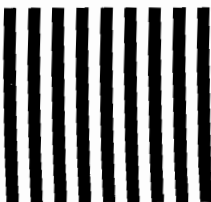
FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO CA 94102-9680



*Confidential*



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES